

INSTRUCTIONS TO RENEW A RADIOLOGICAL HEALTH PERMIT TO PRACTICE

Use the following link to access the Online Licensing system:

<https://dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp>

For assistance with finding a username or resetting a password, contact the OICO Help Desk: 515-281-5703 or 1-800-532-1174.

These instructions assume you have already created an A&A account & set up your Profile Page. If you have not created an account and set up your profile, go back to the IDPH Regulatory Programs - Permit to Practice Page and follow the "How to create an account" instructions.

NOTE: You must use either Google Chrome or Safari when applying online.

If you need assistance navigating the licensing portal after reviewing these instructions, contact the AMANDA Support Team: 1-855-824-4357.

For more information on Licensing and Continuing Education requirements, please visit:

<https://idph.iowa.gov/Permits-To-Operate>

STEP 1: SIGN IN WITH AN EXISTING ACCOUNT

- 1) Sign in to the Public Portal with your existing Account ID and password.

The screenshot shows the IDPH Regulatory Programs website. The header includes "IDPH REGULATORY PROGRAMS" and navigation links for "Radiological Health", "Emergency Medical Services", and "Environmental Health". A sidebar menu on the left contains "Public Search", "Sign In" (highlighted with a red box), "New User Registration", and "Help". The main content area displays a welcome message: "WELCOME TO THE ONLINE SERVICES SITE FOR REGULATORY PROGRAMS WITHIN: BUREAU OF EMERGENCY AND TRAUMA SERVICES, BUREAU OF ENVIRONMENTAL HEALTH SERVICES, BUREAU OF RADIOLOGICAL HEALTH".

- 2) You will see your **Profile** page. Click **Continue** to view your licenses.

The screenshot shows the user's profile page. The "Basic Profile Details" section includes fields for Name (Adele Anderson), Date of Birth (11/24/1991), Email Address (adpermanderson@igra), and Preferred Address. The "Physical Address Details" section includes fields for ATTN, Street Number (00), Street Prefix (North), Street Name (Oliver), Street Type (Drive), Street Direction, and ZIP Code (56788). There are also fields for City (Des Moines), County (Page), State (Iowa), and Country (US). At the bottom, there are fields for Phone 1 (0000000000), Phone 2, and Phone 3, along with a "Continue" button (highlighted with a yellow box) and a "Reset" button.

STEP 2: RENEW

Next you will be directed to the **My Programs** page.

1) Click **Renew** next to your license.

If you do not see your license listed, please call 855-824-4357.

Home > My Programs

- Home
- Public Search
- My Profile
- New Company Registration
- Apply for a Program
- Sign Off
- Help

Programs for Dorothy Knight

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
		Permit To Practice	New			Des Moines		Online Services	Renew

Make Payment

NOTE: If you do not see the option to click “Renew” you may have the option to click “**Edit**” under the **Details** column instead.

2) A pop-up message will appear. Click **OK**.

Are you sure you really want to renew this program?

OK Cancel

STEP 3: APPLICATION FORM & APPLICATION FORM DETAILS

You will now be directed to the Permit to Practice Application page.

- On this Application Form, you will need to complete and/or update all required information for each of the fields.
- **Fields with Asterisks or highlighted in a pink color must be completed before you can move to the next screen in the Application Process.**
- Please enter the information in the non-required fields to assist us in reviewing your application.

Click the Orange arrows or click **Expand All** to view all information fields in a section.

Application Form Expand All

- Affirmation
- IDPH Reference

Application Form Details Expand All

- Classifications
- Continuing Education Details

Attachment

Attachment Description

Cancel Continue Add New Attachment

STEP 4: AFFIRMATION

All questions in this section are required.

If you answer **Yes** to any of the Affirmation questions, provide a brief description of all relevant activities into the text box provided below.

Additional details can be provided in an attachment if necessary.
(See **Step 7** for instruction on how to add attachments.)

The screenshot shows the 'Affirmation' section of the application form. It contains three questions, each with a 'Yes' or 'No' radio button and a text box for additional details if 'Yes' is selected. The first question asks about a medical condition that impairs or limits the ability to perform duties. The second question asks about the illegal or improper use of drugs or other chemical substances in the past 5 years. The third question asks for a statement and a copy of relevant documentation including records from a physician or treatment program.

STEP 5: CLASSIFICATIONS

- 1) Under **Action Requested** make sure "Renew" has been selected.
- 2) Click **Save** once you have renewed all your Classifications.

The screenshot shows the 'Classifications' section of the application form. It features a table with columns for 'Type of Permit', 'Type of Limited', 'Action Requested', and 'Classification Status'. A dropdown menu is open under 'Type of Permit', listing various roles such as Bone Densitometry, General Radiographic Technologist, Limited Nuclear Medicine Technologist, Limited Radiographic Technologist, Podiatric Radiography, Radiation Therapist, Limited Exam Candidate, Podiatric Radiography Exam Candidate, Bone Densitometry Exam Candidate, Radiologist Assistant, and Nuclear Medicine Technologist. The 'Action Requested' dropdown is set to 'Add Classification'. The 'Classification Status' is set to 'New'. At the bottom right, there are 'Add' and 'Save' buttons, both of which are circled in red. A note at the bottom states: 'Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more. Just clean all fields if you do not need a specific row or new added row.'

STEP 6: CONTINUING EDUCATION DETAILS (CEUs)

If you are due this year for CEUs, open the Continuing Education tab.

- 1) Click **Add**.
- 2) Enter the CEU information for 1 course.
- 3) Click **Save**.
- 4) Repeat these steps for each course taken

The screenshot shows the 'Continuing Education Details' section of the application form. It features a table with columns for 'Education Facility', 'Class Name', 'Con Ed Required Component', 'Biennium Date', 'Course Start Date', and 'Course End Date'. A scroll bar is visible at the bottom of the table, and a red arrow points to it with the text 'Use the scroll bar to view additional fields.' At the bottom right, there are 'Add' and 'Save' buttons, both of which are circled in red. A note at the bottom states: 'Currently there are only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more. Just clean all fields if you do not need a specific row or new added row.'

Use the scroll bar to view additional fields.

IMPORTANT NOTES FOR ENTERING CONTINUING EDUCATION:

- Course Start & End Date: Enter the dates the course was taken, NOT course approval dates.
- Do not add more than one CEU at a time, click "Save" after adding each time.
- If you have difficulty adding CEUs, contact the Help Desk at 855-824-4357.

STEP 7: ADDING ATTACHMENTS

To add any required documentation, you will need to click the **Add New Attachment** button at the very end of the application form.

The screenshot shows the 'Attachment' form with the 'Add New Attachment' button highlighted in a red box. The form includes fields for 'Attachment Description', 'Type', and 'Description', along with a 'Choose File' button.

- Click to select the **Type** of attachment and Select one of the following from the list:
- Enter a description of the file, and then Click **Choose File**.
- This will open your file explorer. Navigate to where the document you want to attach is located on your computer.
- Double click the document to attach it.

The name of the document should appear next to **Choose File**

The dropdown menu lists various attachment types: Accred/Auth. Certificate, Court Documents, Crystal Report, Industrial Radiography Card, License, MQSA Certificate, Non-Iowa Permit/Certification/Registration, Photo, Physician Records, Proof of Certification, RADI Id Wallet Card, Radiation Shielding Plan, RAMP License, and Signature.

The screenshot shows the 'Attachment' form with the 'Type' dropdown set to 'Court Docum', 'Description' set to 'Release from Pprobation', and the 'Choose File' button displaying the filename 'summary.docx'.

Repeat this process for each document needing to be attached.

NOTE: If you attach a document in error, it cannot be removed by you. You will need to contact the IDPH Program staff to have it removed.

WHEN ALL SECTIONS OF THE FORM ARE COMPLETE, CLICK CONTINUE.

If you need to gather information, or add additional documentation, you can leave the application webpage and return later to complete or continue.

DO NOT CLICK CANCEL – this will void your entire application.

You must attach all supporting information before paying the registration fee or your application could be delayed or denied.

When you have finished attaching all the required documents, click **Continue**.

The screenshot shows the 'Attachment' form with the 'Continue' button highlighted in a yellow box. The 'Cancel' and 'Add New Attachment' buttons are also visible.

A pop-up message will appear. Click **OK** to proceed to the next page.

The pop-up message box contains the text: 'elpdphstest.iowa.gov says: Are you sure you really want to submit all application form?' with 'OK' and 'Cancel' buttons.

STEP 8: APPLICATION FORM SUPPLEMENTAL – PART 1

You will now be directed to the Supplemental page. Open the information tabs and edit the information as needed. (Your existing employer information and Out of State Licenses will appear.)

- 1) To add a new employer or out of state licenses, click the **Add** button.
- 2) Enter in the required details.
- 3) Click **Save** when finished.

- 4) When you have edited/entered your information, click **Continue**.
- 5) A pop-up message will appear. Click **OK**.

STEP 9: APPLICATION FORM SUPPLEMENTAL – PART 2

To enter Classification Information:

- 1) Click **Expand All**
- 2) Under **Classification Details**, enter your updated information in the spaces provided.
- 3) Check an answer to “Public Portal Affirmation.”
- 4) Click **Continue** when finished

STEP 10: NUCLEAR MED TECHNOLOGIST SUPPLEMENTAL

If you are renewing a Nuclear Medicine Technologist Permit you will have additional questions to complete on the supplemental page.

- 1) Enter your NMTCB number in the space provided.
- 2) To add a CT endorsement, select “Yes” to the question “Do you wish to have a CT endorsement added?”

Process Description - Nuclear Medicine Technologist -
Classification Details

Certification Organization [dropdown]
ARRT Registration Type [dropdown]
ARRT Registration # [text]
Do you maintain current ARRT registration? Yes No
Do you wish to have a CT endorsement added to your Nuclear Medicine Technologist license? If yes please upload proof of passing CT examination from AART or NMTCB. Yes No
ARRT Biennium End Date [text]
NMTCB Registration Number [text]
ARRT Expiration Date [text]

STEP 11: TERMS AND CONDITIONS

- 1) Read the **Terms and Conditions** page.
- 2) If you agree, check the Box next to I agree with the terms and conditions.
- 3) Click **Continue**.

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Home | Terms and Conditions
Sign Off
Help

Terms and Conditions

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

I agree with the terms and conditions.

Continue

STEP 12: PAYMENT

Next you will be taken to the **Make Payment** page.

If you need to attach additional documentation click the **Pay Later** button.

- If you click the Pay Later button a pop-up will say your application is not considered submitted until payment is made. Click OK to be returned to your **My Programs** page.
- When you are ready to make a payment, go to your **My Programs** page and click on **Make Payment**.

To Pay Online:

- 1) Select **Pay Now** you will be directed to the online payment system.
- 2) Select **Pay Now** again on the next screen and then click “Ok” on the pop-up.

License Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
542903	Permit To Practice	Permit to Practice	New	RADI Technologist or Therapist Single Initial Fee	\$60.00	No
Total						
Fee Amount: \$60.00		Paid Amount: \$0.00		Fee Due: \$60.00		

Pay Later **Pay Now**
Payment Later Options
▼

- 3) Choose the **Payment Method**, and fill in the payment details.
- 4) Click **Continue**.
- 5) On the review screen click **Confirm**.

Payment Information

Frequency: One Time
Payment Amount: \$50.00
Payment Date: Pay now

Contact Information

First Name: Adper
Last Name: Amandaone
Company: (Optional)
Address 1: 09 N Oliver Drive
Address 2: (Optional)
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 56789
Country: US
Phone Number: 8990900900
Email Address: adperamandaone@gmail.com

Payment Method

Payment Method: Select

Continue Cancel

The following page is your confirmation page.

Confirmation

Please keep a record of your Confirmation Number, or **print this page** for your records.

Confirmation Number: **IOWDPH004000710**

Payment Details

Description: Department of Public Health
IDPH Licensing and Regulatory Programs
https://idph.iowa.gov/
Payment Amount: [REDACTED]
Payment Date: 11/22/2016
Status: PROCESSED

Payment Method

Payer Name: Adper Amandaone
Card Number: *1111
Card Type: Visa
Confirmation Email: adperamandaone@gmail.com

Billing Address

Address 1: 09 N Oliver Drive
City/Town: Des Moines
State/Province/Region: IA
Zip/Postal Code: 56789
Country: United States

Continue

- 6) Keep a record of your **Confirmation Number** or **print this page** for your records.
- 7) Click **Continue** at the bottom of the Confirmation page to be taken to your Receipt.